MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07532

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Northampton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastmore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Lee (Last) Abrahams
4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 22 1916
9. AGE last birthday 35 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Cook Waitress and Restaurant
10b. KIND OF BUSINESS OR INDUSTRY Motel
11. BIRTHPLACE (State or foreign country) Norfolk Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allen Shores
14. MOTHER'S MAIDEN NAME Not obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Harry W. Abrahams - Eastmore Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Skull — About 5 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Auto Collision with a heavy loaded truck

8 16X 170 S

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Deceased had been drinking according to report of officer.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Emily (COUNTY) Accomac (STATE) Md
TIME OF INJURY (Month) July (Day) 12 (Year) 1951 (Hour) 1:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Deceased ran her car into a truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the date stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. S. Tatomis (Degree or title) Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 15 1951
NAME OF CEMETERY OR CREMATORY Onancock Cem.
LOCATION (City, town, or county) Onancock Va. (State)

DATE REC'D BY LOCAL REGISTRAR July 14, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry M. Johnson
ADDRESS Parksley, Va

210 406

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU V. S.

07533

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) Broad St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Franklin (Last) Adkins
4. DATE OF DEATH (Month) July (Day) 16 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 7, 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier Bank
10b. KIND OF BUSINESS OR INDUSTRY Bank
11. BIRTHPLACE (State or foreign country) Berlin Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elijah Adkins
14. MOTHER'S MAIDEN NAME Anna Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-09-7475
17. INFORMANT AND ADDRESS Mrs. G. F. Adkins Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chronic) — 4 years.

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension
(c) Arteriosclerosis

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 7-16-, 1951, that I last saw the deceased alive on 7-16-51, 19..., and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE Frank R. Lewis (Degree or title) M.D. ADDRESS Willards Maryland DATE SIGNED 7-19-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/19/51
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REG. 7/19/51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna D. Burbage ADDRESS Berlin Md

290216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07534

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Beckett

4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951 19

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct 1, 1872

9. AGE last birthday 78 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Beckett

14. MOTHER'S MAIDEN NAME Harriet Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Jessie Jester - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 or 2 hours

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) general arteriosclerosis

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to July, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 5 PM m., from the causes and on the date stated above.

SIGNATURE H. E. Sartorius (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/20/51

NAME OF CEMETERY OR CREMATORY Georgetown ME Cemetery

LOCATION (City, town, or county) RFD, Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. July 19, 1951

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

RECEIVED
JUL 23 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07535

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 820 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 820 Second St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Mary (Last) Carey

4. DATE OF DEATH (Month) July (Day) 18, (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Oct 8 1858

9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Ewell

14. MOTHER'S MAIDEN NAME Susan Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Bessie Willing, Pocomoke, Mdd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer Stomach & face

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C. Indigestion

460 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from (?), 1912, to July 18th, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE: N. E. Carlson (Degree or title) MD ADDRESS Pocomoke City, Md DATE SIGNED 7/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/21/51

NAME OF CEMETERY OR CREMATORY Salem ME Cemetery

LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. July 21, 1951

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

VS. A15

RECEIVED
JUL 24 1951
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017536

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snowhill Rural #1 — LENGTH OF STAY (If this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snowhill Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) G. (Last) Carey
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1957
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 3 1893
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Pennewell
14. MOTHER'S MAIDEN NAME: Elizabeth Wheary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-24-1668
17. INFORMANT AND ADDRESS: Mrs Ella Bilovics, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 9 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular — 3 yrs

(c) Renal Disease

442X
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 July, 1957, to 2 July, 1957, that I last saw the deceased alive on 2 July, 1957, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE: Emanuel Rabbiz M.D. (Degree or title) — ADDRESS: Bay St. Berlin Md — DATE SIGNED: 2 July 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 5 57 — NAME OF CEMETERY OR CREMATORY: Bethel Methodist — LOCATION (City, town or county): Snowhill — (State): Md

DATE REC'D BY LOCAL REG.: 7-5-51 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Elay E. Dennis — ADDRESS: Snowhill, Md

RECEIVED
JUL 9 1951
BUREAU V. B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07531

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1 — LENGTH OF STAY (In this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Zadok (Middle) H. (Last) Cherrix Sr.

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: July 25 1896 — 9. AGE last birthday: 54 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer — 10b. KIND OF BUSINESS OR INDUSTRY: Own Farm — 11. BIRTHPLACE (State or foreign country): Snow Hill Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zadok H. Cherrix Sr. — 14. MOTHER'S MAIDEN NAME: Mary Musgo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No.: None — 17. INFORMANT AND ADDRESS: Mrs Belle R. Cherrix Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 10 Hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 1:30 A.m. from the causes and on the date stated above.

SIGNATURE: Robert Ely LaMar — (Degree or title) MD — ADDRESS Snow Hill. — DATE SIGNED 7-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 25 '51 — NAME OF CEMETERY OR CREMATORY: Baltimore Road — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG. 7/24/51 — REGISTRAR'S SIGNATURE: R. Roy Smith

24. FUNERAL DIRECTOR: Alvey Dennis — ADDRESS: Snow Hill, Md

VS. A15

RECEIVED
JUL 31 1951
BEAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton — LENGTH OF STAY (In this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H. (Last) Conklin

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 7-1871

9. AGE last birthday: 80/4/10 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: House Painter

11. BIRTHPLACE (State or foreign country): Stockton

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George W. Conklin

14. MOTHER'S MAIDEN NAME: Josephine Ewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Lillie C. Conklin Stockton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of tongue — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

141X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

45b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 11.30 A m., from the causes and on the date stated above.

SIGNATURE: Jane Cohen — (Degree or title) MD — ADDRESS Snow Hill Md — DATE SIGNED 7/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 20/51 — NAME OF CEMETERY OR CREMATORY: Isaiah Hall — LOCATION (City, town, or county): Stockton — (State): Md

DATE REC'D BY LOCAL REG.: July 20, 1951 — REGISTRAR'S SIGNATURE: Mary M. Taylor

24. FUNERAL DIRECTOR: Henry C. Lemmie — ADDRESS: Snow Hill, Md

56-1 XC

RECEIVED
JUL 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) RFD 2

3. NAME OF DECEASED (Type or Print) (First) Josephus (Middle) Fletcher (Last)
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951
5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 4 1888
9. AGE last birthday 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Joseph W Fletcher
14. MOTHER'S MAIDEN NAME Bulah Downing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Beulah C. Fletcher - New Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiorespiratory failure — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophy of Heart — 10 yr

(c) Pneumonia — 1 wk

431X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1951, to July 7, 1951, that I last saw the deceased alive on July 7, 1951, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE N. L. Sartorius (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7-10-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-11-51
NAME OF CEMETERY OR CREMATORY Williams Cem.
LOCATION (City, town, or county) Williams (State) Va.

DATE REC'D BY LOCAL REG. July 11, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Whanton
ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1951
BUREAU V. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5-40

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place): All life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin

STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Franklin

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3 - 17 - '92

9. AGE last birthday: 59 yrs. — If under 1 year: Months 3, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: General Housework

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co., Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Jones

14. MOTHER'S MAIDEN NAME: Mary Smack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Laura Powell, Berlin, Md. Route #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy

334X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

63X (c) Hyperthyroidism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/40, 19..., to 7/12/51, 19..., that I last saw the deceased alive on 7/10/51, 19..., and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Albert E. Sulett (Degree or title) M.D. ADDRESS: Berlin Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-15-'51 — NAME OF CEMETERY OR CREMATORY: Germantown Cemetery — LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 7-15-51 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: James B. Dashiell — ADDRESS: Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark R.F.D.
STREET ADDRESS (If rural, give location) No st.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wilmer (Last) Halston
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 20, 1879
9. AGE last birthday 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Former Hessian farm.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Newark
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Halston
14. MOTHER'S MAIDEN NAME Hester Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Eva L. Halston, Newark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 36 hrs

4/20/94a

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Heart Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Dislocated Intervertebral Disc - 3-4 in Lumb. 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to 19 July, 1951, that I last saw the deceased alive on 19 July, 1951, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Herman G. Kahlbrat MD — Bay St. Berlin, Md — 7/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE July 22, 1951
NAME OF CEMETERY OR CREMATORY Newark
LOCATION (City, town, or county) Newark (State) Md.

DATE REC'D BY LOCAL REG. 7-24-51
REGISTRAR'S SIGNATURE Leroy Snell
24. FUNERAL DIRECTOR Peter Whaley
ADDRESS Selbyville Md

VS A15

RECEIVED
JUL 24 1958
BUREAU T. I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07542

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree — LENGTH OF STAY (In this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) M. (Last) HUDSON
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH (Month) (Day) (Year) 1870
9. AGE last birthday 81 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Girdletree Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Parker Selby
14. MOTHER'S MAIDEN NAME Margaret Bowly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Reginald Hudson Girdletree, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 15 yrs.

932 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1950, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 3:30 P m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] LeMar MD Snow Hill 7-7-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/11/51 — NAME OF CEMETERY OR CREMATORY Hungary Creek — LOCATION (City, town, or county) Girdletree — (State) Md
DATE REC'D BY LOCAL REG. 7/10/51 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Snow Hill, Md

VS. 113

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — LENGTH OF STAY (In this place) 1 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS Vine St (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wray (Middle) Thomas (Last) Hudson
4. DATE OF DEATH (Month) July (Day) 4th (Year) 195
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 1911
9. AGE last birthday 40 yrs. If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Owner
10b. KIND OF BUSINESS OR INDUSTRY Fruit Farming
11. BIRTHPLACE (State or foreign country) Bishopville Md
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Timothy Hudson
14. MOTHER'S MAIDEN NAME Phoebe Gunting
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-05-5110
17. INFORMANT AND ADDRESS Martha B. Hudson Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by firearm — (Rifle) — Immediate

176X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Quarrel with his wife

1642 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm — (CITY OR TOWN) Berlin — (COUNTY) Worcester — (STATE) Md
TIME OF INJURY (Month) July (Day) 4 (Year) 1951 (Hours) 5 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased shot himself with a rifle

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection ✓, Inquiry ✓ (Upon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide ✓, homicide, undetermined

SIGNATURE: Dr M. E. Astorians — (Degree or title) Dep Medexam — ADDRESS Pocomoke City Md — DATE SIGNED 7/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF July 9, 1951 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Berlin — (State) Md.

DATE REC'D BY LOCAL REG. 7-9-51 — REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR M. Paul Watson — ADDRESS Selbyville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1951
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke — LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Hall Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): Cedar Hall Rd.

3. NAME OF DECEASED (Type or Print): (First) Goldsborough (Middle) (Last) Hurley

4. DATE OF DEATH (Month) (Day) (Year): July 16, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec 18 1879
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry S. Hurley
14. MOTHER'S MAIDEN NAME: Julia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs James Parsons, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

Antecedent cause(s) (b) Passive Congestion of Lungs

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

524X

111C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Post Paralytic with General debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 16, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE: M. E. Santorius (Degree or title) ADDRESS: Pocomoke City Md. DATE SIGNED: 7/16/1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/18/51
NAME OF CEMETERY OR CREMATORY: Salem ME Cemetery
LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: July 18, 1951
REGISTRAR'S SIGNATURE: Anne E. Phillips
24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md.
ADDRESS

VS (A1)

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 855

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City, Md — LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS N 2nd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 700 Oakford Ave

3. NAME OF DECEASED (Type or Print): (First) Nathaniel (Middle) Willard (Last) Kirkpatrick
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH May 13, 1895
9. AGE last birthday 56 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Editor
10b. KIND OF BUSINESS OR INDUSTRY Bd Editor
11. BIRTHPLACE (State or foreign country) Dayton Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME N. W. A. Kirkpatrick
14. MOTHER'S MAIDEN NAME Harriet Kuden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Elizabeth Gillian

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 — **Immediate cause** (a) Coronary thrombosis — 5 minutes

94a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis, ulcerative — 8 years

(c)

19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None — 19b. MAJOR FINDINGS OF OPERATION None — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Townsend, Jr. (Degree or title) MD — ADDRESS Ocean City, Maryland — DATE SIGNED July 5, 51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 9 1951 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) Dayton (State) Ohio

DATE REC'D BY LOCAL REG. 7-5-51 — REGISTRAR'S SIGNATURE Helen F. Nayerward — 24. FUNERAL DIRECTOR Amos D. Burhoyer — ADDRESS Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 9 1951
BUREAU. V. B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester; CITY OR TOWN Stockton RFD 2; MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY do.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Stockton
STREET ADDRESS (If rural, give location): RFD 2

3. NAME OF DECEASED (Type or Print): Jerry (First) Richard (Middle) Marshall (Last)

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Color

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 16th 1950

9. AGE last birthday: 1 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Stockton Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Firard Garfield Marshall

14. MOTHER'S MAIDEN NAME: Hattie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

343X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from date of licette

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 7-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 13 1951 — NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery — LOCATION (City, town, or county) (State): Near Williamsburg Md

DATE REC'D BY LOCAL REG.: 7/14/51 — REGISTRAR'S SIGNATURE: Mary M Taylor

24. FUNERAL DIRECTOR: Irving Bennett — ADDRESS: Stockton Md.

RECEIVED
JUL 19 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY: Wicomico; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland; COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snowhill Rural #1; LENGTH OF STAY (Only this place): 72 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snowhill Rural #1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dave	C.	Martin	July	10	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Widowed	June 17 1879	78 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Snowhill Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Amos Martin	Ellen Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Mr William Martin Snowhill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis c̄ Hypertension	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	1 mo
	(c)	

331X

X42

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/51, 19....., to 7/10/51, 19....., that I last saw the deceased alive on 7/9/51, 19....., and that death occurred at 10:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Snow Hill Md	7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 13/57	Mt Wesley	Snow Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/17/57	R. Ray Smith	R. Clay Timmis	Snowhill Md

RECEIVED
JUL 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

U 54

Reg. Dist. No. 350

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Pocomoke
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Worcester — COUNTY: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke, Md.
STREET ADDRESS (If rural, give location): Pocomoke City, Md.

3. NAME OF DECEASED (Type or Print): (First) Judson (Middle) H. (Last) Mason Jr.

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 10, 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farmwork

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Judson Mason Sr.

14. MOTHER'S MAIDEN NAME: Ace ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Martha Schoolfield Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 yr.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria-sclerotic Cardia-	Several
	(c) Vascular Disease	yrs.

422.1 / 13d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to July 16, 1951, that I last saw the deceased alive on July 15, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE: Louis J. Phillips (Degree or title) MD ADDRESS: Pocomoke, Md. DATE SIGNED: 7-16-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: July 19, 1951
NAME OF CEMETERY OR CREMATORY: Wattsville
LOCATION (City, town, or county) (State): Wattsville Va.

DATE REC'D BY LOCAL REG.: July 19, 1951
REGISTRAR'S SIGNATURE: Annie E. White

24. FUNERAL DIRECTOR: Edgar W. Tom
ADDRESS: Newtown, Md.

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1 — LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) R. (Last) Massey Sr.
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 15 1877
9. AGE last birthday 74 yrs. 3 Months 23 Days — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Newark Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Massey
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr. Paul R. Massey Jr. Pocomoke City, Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE Robert L. La Mar (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 7/9/51

22. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 10/51 — NAME OF CEMETERY OR CREMATORY Whatcoat Methodist — LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/10/51 — REGISTRAR'S SIGNATURE R. Ray Smith — 24. FUNERAL DIRECTOR Riley Dennis — ADDRESS Snow Hill, Md

VS. 4-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Atlantic Ocean.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS 212½ N. [illegible]

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Haven (Last) Farr (Farr)
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday years: If under 1 year: Months [illegible] Days [illegible]; If under 24 hrs: Hours [illegible] Min. [illegible]
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]
13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY No. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Probably) Heart attack

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was attending funeral of daughter

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I ~~took charge~~ of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined*

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED 7/19/51

23. BURIAL, CREMATION OR REMOVAL (Specify) Buried | DATE THEREOF July 23, 1951 | NAME OF CEMETERY OR CREMATORY Memorial Park | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. July 20, 1951 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Washington (Middle) Angelo (Last) Tatman
4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 17-1867
9. AGE last birthday: 84/4/14 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: House Carpenter
11. BIRTHPLACE (State or foreign country): Stockton, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Richards Tatman Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Previous Cerebral Vascular Accidents — 2 yrs

(c) Hypertensive Cardiovascular disease — 5 yrs

44 m x 134a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inguinal Hernia and Renal Calculi — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to July 31, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 7:30 A m. from the causes and on the date stated above.

SIGNATURE: Glenn E. La Mar (Degree or title: M.D.) ADDRESS: Snow Hill — DATE SIGNED: 7/31/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 2/51 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: 8/1/51 — REGISTRAR'S SIGNATURE: R. Ray Smith

24. FUNERAL DIRECTOR: Tilghman Dennis — ADDRESS: Snow Hill Md

VS-A15

~~Funeral Wed 2:30 P.M. Aug 1/51 Residence~~

~~Rev J. E. Winslow & Dr. Jacobs~~

~~Harris Cordery~~

~~Thomas Cordery~~

~~Howard Cordery~~

~~George Cordery Jr.~~

~~Robert Cordery~~

~~Marion Pinney~~

RECEIVED
AUG 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and given nearest town) OR TOWN Pocomoke Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) Taylor (Last)
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1957

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 17-1904
9. AGE last birthday 46 yrs. If under 1 year: Months Days If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Pocomoke Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Taylor
14. MOTHER'S MAIDEN NAME Mary Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Irene Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning — Accidental — 1½ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Was at home of his wife during Labor Day holiday weekend

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr. [illegible] (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7/30/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 30/57
NAME OF CEMETERY OR CREMATORY Coolspring
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 7/30/57
REGISTRAR'S SIGNATURE Ray Smith
24. FUNERAL DIRECTOR Ulery & Dennis Funeral Home
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14A

RECEIVED
AUG 2 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural — LENGTH OF STAY in this place 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ill — COUNTY Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) J. (Last) Shume
4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 31 - 1889
9. AGE last birthday: 61/6/14 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop.
11. BIRTHPLACE (State or foreign country): Toronto South Dakota
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Gerald G. Shume Snow Hill, Md Rural HH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident — 2 wks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and Arteriosclerosis — 15 yrs

(c)

331X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to July 15, 1957, that I last saw the deceased alive on July 14, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.
SIGNATURE: Sherlie LeMar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 7/17/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 18 57 — NAME OF CEMETERY OR CREMATORY Bates Methodist — LOCATION (City, town, or county) Snow Hill — (State) Md
DATE REC'D BY LOCAL REG. 7/18/57 — REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Elley & Dennis — ADDRESS Snow Hill Md

VS/A16

RECEIVED
JUL 27 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07554

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville; LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 109 Talbert St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Warren (Last) Vincent
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 1, 1924
9. AGE last birthday 26 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man
10b. KIND OF BUSINESS OR INDUSTRY Light & Power
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Roger F. Vincent, Sr.
14. MOTHER'S MAIDEN NAME Leta F. Bonneville
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 214-18-4315
17. INFORMANT AND ADDRESS Roger F. Vincent, Sr., Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Electrocution: Lightning arc, Immediate
935.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) while repairing high tension wire
192 (c) on pole.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
(CITY OR TOWN) Bishopville (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) July (Day) 23 (Year) 1951 (Hour) 7 PM
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Struck by 2 wires while repairing high tension wire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hermann Lobleis (Degree or title) Md. ADDRESS 5 Boyd St, Berlin DATE SIGNED July 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/51
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. 7-28-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke, Md.

VS. A15A

990586

RECEIVED
JUL 30 1951
BUREAU V. S.

Item 1 134 7/18/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07555

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Wor. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City | LENGTH OF STAY (In this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1207 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 20 Aigburth Rd.

3. NAME OF DECEASED (Type or Print): (First) EST (Middle) (Last) EST
Weathers, Wilmer Burton Weathers

4. DATE OF DEATH (Month) July (Day) 3 (Year) 51

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH Feb 21, 1898 | 9. AGE last birthday 53 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Electrical
11. BIRTHPLACE (State or foreign country) Indianapolis Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leif Weathers
14. MOTHER'S MAIDEN NAME Mae — — (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) 1918-1919
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. W.B. Weathers. 20 Aigburth Rd. Towson Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis.	5 minutes
420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940.	(b) Coronary sclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Ocean City, Maryland DATE SIGNED July 3, 51.

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 7/8/51 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) Baltimore (State) Md

FILED BY LOCAL REG. 7-5-51 | REGISTRAR'S SIGNATURE Helen F. Hayward | 24. FUNERAL DIRECTOR [illegible] Berlin Md | ADDRESS

270 558

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 9 1951
BUREAU V. S